


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90182 025 ****50.00

DOCUMENT # L03000056060

1. Entity Name
VASCULAR SPECIALISTS OF VENICE AND SARASOTA, P.L.



Principal Place of Business Mailing Address
2134 SEVILLA WAY **2134 SEVILLA WAY**
NAPLES, FL 34109 **NAPLES, FL 34109**

6404301+

2. Principal Place of Business 3. Mailing Address
842 Sunset Lake Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 301



03052004 Chg-LLC CR2E083 (10/03)

City & State City & State
Venice, FL

4. FEI Number Applied For
411-92-1185 Not Applicable

Zip Country Zip Country
34292 **IISA**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
KELLY, CHARLES M JR.
2640 GOLDEN GATE PARKWAY, SUITE 305
NAPLES, FL 34105

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBBS, GERALD M.D. 2134 SEVILLA WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **3/19/04** Date Daytime Phone # _____